

U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

8539

1. File Number: U- S- 8539	2. Fiscal Year Covered From: 11/31/2003 Through: 12/31/2004
3. Name and address of person filing. Name: NEIL E. DIXON	4. Name, file number, and address of labor organization. Name: TEAMSTERS LOCAL 311 Labor Organization File Number: 009-225
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street: 613 FUSELAGE AVE	Street: 416 EASTERN BOULEVARD
City: BALTIMORE	City: BALTIMORE
State: MARYLAND ZIP Code + 4: 21221	State: MARYLAND ZIP Code + 4: 21221
5. Position in labor organization. PRESIDENT	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name: _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	7.a. Nature of Interest, Transaction, or Income. _____
	7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On 8-15-05 410-682-2273

Date

Telephone Number

Name of Person Filing	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).
Name []
Trade Name, if any: []
P.O. Box, Bldg., Room No., if any []
Street []
City []
State [] ZIP Code + 4 []

9. Business deals with:
a. Labor Organization []
b. Trust []
c. Employer []

10. If 9.b. or 9.c. is checked give trust or employer's name.
Name []
Trade Name, if any: []
P.O. Box, Bldg., Room No., if any []
Street []
City []
State [] ZIP Code + 4 []

11.a. Nature of such dealing.
11.b. Approximate dollar value of such dealing. []
12.a. Nature of interest held or income received.
12.b. Amount. []

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).
Name: ABATO, RUBENSTEIN, ABATO, PA []
Trade Name, if any: []
P.O. Box, Bldg., Room No., if any: SUITE 320 []
Street: 809 GLENEAGLES CT []
City: BALTIMORE []
State: MARYLAND [] ZIP Code + 4: 21286 []

14.a. Nature of payment.
GOLF OUTING P/S []
14.b. Amount of payment. []
\$125.00 []

Name of Person Filing		File Number U-
8. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).		9. Business deals with:
Name: _____		a. Labor Organization
Trade Name, if any: _____		b. Trust
P.O. Box, Bldg., Room No., if any: _____		c. Employer
Street: _____		
City: _____		
State: _____ ZIP Code + 4: _____		
10. If 9.b. or 9.c. is checked give trust or employer's name.		11.a. Nature of such dealing.
Name: _____		
Trade Name, if any: _____		
P.O. Box, Bldg., Room No., if any: _____		
Street: _____		
City: _____		
State: _____ ZIP Code + 4: _____		
11.b. Approximate dollar value of such dealing.		
12.a. Nature of interest held or income received.		
12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment.
Name: ALBERTINI AND DARBY		GOLF OUTING
Trade Name, if any: _____		
P.O. Box, Bldg., Room No., if any: SUITE 1A		
Street: 3201 NORTH CHARLES ST.		
City: BALTIMORE		
State: MARYLAND ZIP Code + 4: 21218		
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?		14.b. Amount of payment. \$139.00

Name of Person Filing		File Number U-
<p>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p>		
<p>8. Name and address of Business (including trade name, if any).</p> <p>Name: _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>		<p>9. Business deals with:</p> <p>a. Labor Organization b. Trust c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name: _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>		<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>
<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>		
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name: BLONDELL AND ASSOCIATES</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: 628 EASTERN BOULEVARD</p> <p>City: BALTIMORE</p> <p>State: MARYLAND ZIP Code + 4: 21221</p>		<p>14.a. Nature of payment.</p> <p>Golf outing o/e</p> <p>14.b. Amount of payment.</p> <p>*100.00</p>

B. Held or received in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employee whose organization your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from, selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

6. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

- a. Labor Organization
- b. Trust
- c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name: KAISER PERMANENTE

Trade Name, if any: HEALTH CARE

P.O. Box, Bldg., Room No., if any

Street: 2101 EAST JEFFERSON ST

City: ROCKVILLE

State: MARYLAND ZIP Code + 4: 20849

14.a. Nature of payment.

BASEBALL TICKETS (2)

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

\$ 95.00